

Larsen Slaten, PLLC – ACH PAYMENT AUTHORIZATION FORM

By signing this form, you give permission to debit your account for the amount below. **This is permission for a single transaction only**, and does not provide authorization for any additional unrelated debits or credits to your account.

I, _____, hereby authorize the Law Firm of Larsen Slaten, PLLC to charge my account below for:

Amount: \$ _____, which will be processed on receipt of this form.

GENERAL INFORMATION
Association: _____
Owner Name: _____
Property Address: _____
Matter ID: _____

ACCOUNT HOLDER INFORMATION
Account Holder Name: _____
Account Holder's Billing Address: _____
Email Address: _____

BANK ACCOUNT INFORMATION
Bank Name: _____
Bank Routing Number: _____
Bank Account Number: _____
Bank City/State: _____

* This account is enabled for ACH Transactions Yes No

I certify that I am an authorized representative of the account indicated above and that I have the authority to authorize this payment. I understand that because this is an electronic transaction, these funds will be withdrawn from the account as soon as the above transaction is received and that it will have limited time to report and dispute errors. In the case the transaction is returned for Non Sufficient Funds (NSF) or bank rejection, I understand that Larsen Slaten, PLLC will charge a \$50.00 fee.

Account Holder's Signature: _____ **Date:** _____